

BISA LANDSCAPE PROGRAM

ADDITIONAL INSURED REQUEST FORM

(a separate request is required for each additional insured)

Named Insured: _____ Policy Number: _____

Policy Period: _____ to _____

Requested Additional Insured: _____
Mailing Address _____

Interest of Additional Insured: _____

Complete Description of work to be performed: _____

Specific job site location: _____

Cost of Job \$ _____

Date work to begin: _____

Estimated date of completion: _____

Is there a written contract between the Insured and the Additional Insured specifically for the work described above? Yes No
If yes please attach a copy.

Request by: x _____

I understand that the request for this endorsement will be reviewed and, if approved, will result in an additional premium of \$50.00

Requested by: x _____ Date: _____

U/W _____ Date: _____